Please refer to the Instructions for Filing Notification before completing



MISSOURI DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE PROGRAM

GSA NO. 0246-EPA-OT

DATE RECEIVED

FOR OFFICIAL USE ONLY)

This Notification Form has been completed and identification number						''' R	RCRA Records Center					
Conditionally exemptWaste oil generator only												
SQG	Non Notifier											
LQG	_	Illegal	TSD									
GENERATOR STAT	<u>US</u>											
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ity or Town						State	ZIP C					
treet or P.O. Box						Т	П					
V. Installation Mailing Addre	ss (Sec Instru	ctions,										
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county Code County Name				11			10-1-					
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City or Town	U DK		<u> </u>			State	ZIP C			1.		
Street ·		21, 1, //	<u>1</u>	I		<u> </u>	TT			7		
II. Location of Installation (	Physical addre	ss nol P.O.	Box or	Route N	umbe	21;			•			
II. Name of Installation (Incl.	C / C /	and specific	sile na	me;								
	(comple	ete Item C)			M	OR	00	2/0	00	15/1	5	7
ENIU NUV 2 9 1595	NOTIFICA	uent Notifica		TEATE		ASTE			's EPA I	D Numbe	er	
Recovery Act).	NOTE: Return						AOTU	//*//				

EPA/State administrative purposes.

Compliance Officer

NOTE: PLEASE FLAG THIS I.D. NUMBER TO GO TO MERGE